

**CHRISTOPHER WAYNE LESTER
MADISON MEDICAL GROUP
RECORDS
14-E**

BOONE MEMORIAL HL ITAL, Madison, W. Va. X-RAY REPORT E.R. Hou. OPD

Lester, Chrsitopher,

8-30-00

369-6657

OPD

Pl Box 1113 Danville WV 25053

FILM #

11417

71

Comp

Snyder

Rib AC separation

PROCEDURE:

Rib Cage L AC w/ and w/o wt.

REPORT:

INDICATION: A-C SEPARATION

ACROMIOCLAVICULAR JOINTS:

LEFT A-C JOINT:

There is normal appearance of the acromioclavicular joint, seen both with and without weights. There is no evidence for A-C separation or acute fracture.

RIGHT A-C JOINT:

There is normal appearance of the acromioclavicular joint both with and without weights. There is no evidence for A-C separation or acute fracture.

LEFT RIBS:

There is no evidence for acute rib fracture.

JOHN J. ANTON, M.D./lp
8-30-00

69

M.D.

FORM # 56

500688.015.0105

BOONE MEMORIAL HOSPITAL AL. Madison, W. Va. X-RAY REPORT E.R. Hou. OPD

LESTER, CHRISTOPHER
PO BOX 21
HEWETT, W.VA. 25108
~~XXXX~~/71
COMMERICAL

2/5/97 RM # 18

FILM # 11417

DR. ATKINS

CP

PROCEDURE: PORTABLE CHEST ~~US~~ US UPPER ABDOMEN 2/5/97

REPORT:

PORTABLE CHEST:

Indication: Chest pain.

Portable view of the chest at 0120 hrs. reveals the heart and mediastinal structures to be within normal limits and the lungs to be free of infiltrates or evidence of edema.

CHRISTOPHER SCHLARB, M.D./crp
2-6-97

ULTRASOUND UPPER ABDOMEN:

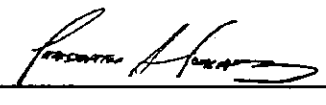
Indication: Pain.

Multiple transverse and longitudinal images of the right upper quadrant were obtained. The gall bladder is well seen. There is no evidence of stones, wall thickening, or pericholecystic fluid. The common bile duct is present measuring less than 3 mm., normal. The visualized portion of the liver is unremarkable. The pancreas is incompletely visualized secondary to overlying bowel gas.

IMPRESSION: 1. NO EVIDENCE OF CHOLELITHIASIS.

CHRISTOPHER SCHLARB, M.D./crp
2-6-97

normal



M.D.

FORM # 56

500688.015.0106

BOONE MEMORIAL HL

JAL Madison, W. Va. X-RAY REPORT, E.R. Hou. OPD

LESTER, CHRISTOPHER WAYNE 08-26-96

PO BOX 21 24 [REDACTED] 71 M W M

HENNETT, WV 25108 369-2432

FILM #

11417

EMPLOYER: TRI STATE HOMES COMPENSATION NUMBER 233153340

SSN [REDACTED] 3340

PAIN COCCYX DR. J. SNYDER OPD WR

PROCEDURE:

X RAY COCCYX 08-26-96

REPORT:

COCCYX:

AP and lateral coccyx films demonstrate no acute fractures or other osseous abnormalities.

ROBERT SMITH, M.D./nd
8-27-96

BR
5/6

Robert Smith, M.D.

M.D.

FORM # 56

500688.015.0107



CHRISTOPHER W LESTER
PO BOX 21

HEWETT WV 25108
DOB: [REDACTED] /71 Age: 24 M SS#: [REDACTED] 3340
Ref. Phy.: JOHN MARK SNYDER, MD
Date of Service: 08/03/96
Reason: LUMBAR SPINE W/O CONTRAST

* Best scan due to pt. size
& breathing motion
Repeated Series - Best
No: possible images
Patient ID#: 06690

Status: In-Patient Out-Patient

Hospital:
Fall Twisted Back 8-10-94
LBP into Rt. leg & Rt. leg
numbness & tingling
Rt. Foot
WV WORKERS COMPENSATION 1
RIO HNP

NAME: Lester, Christopher
MR#: MRI
DOE: 08/03/96

DOD: 08/04/96

MRI OF LUMBAR SPINE:

Sagittal and axial images obtained in multiple pulse sequences. There is some patient motion artifact. Vertebral body heights and alignment appear normal. No compression fractures identified. Neural foramina appear patent. Spinal cord ends at L1 level. No disc herniation demonstrable.

RKG/clis
T: 08/04/96 7:52 A
Document#: 280867

EXAM BY THE ABOVE SIGNED RADIOLOGIST

Ashton Place Shopping Center
1095 Fiedderjohn Road • Charleston, West Virginia 25314
(304) 345-4MRI • (304) 343-0749 FAX

500688.015.0108

APR 01 '00 04:14PM

P.14



1/31/01 10:51am
FAX

PATIENT NAME: LESTER, CHRISTOPHER W
MRN: TMP2001013000180
ORDERING PHYSICIAN: JOHN MARK SNYDER, DO

DOB: [REDACTED]/1971 AGE: 29Y
DATE OF EXAM: 1/30/2001
ROOM: -
SERVICE: OPT

MRI

DATE OF EXAMINATION: 1/30/2001

INDICATIONS FOR PROCEDURE: NUMBNESS LEFT ARM AND HAND, LEFT SHOULDER PAIN.
LIMITED RANGE OF MOTION.

MAGNETIC RESONANCE IMAGING LEFT SHOULDER:
No fracture or dislocation is identified. No evidence of impingement.
Visualized portions of the rotator cuff appear intact. No other
significant findings noted.

IMPRESSION: NO DEFINITE ACUTE PATHOLOGY. NO CONCLUSIVE EVIDENCE OF A
ROTATOR CUFF TEAR.

This document was electronically signed by David Abramowitz, M.D. on
01/31/2001 09:39:47.

DA/gz
Dictated: 01/30/2001 16:30:38
Transcribed: 01/30/2001 19:40:03
Voice Job ID: 283228
Document #: 196280
cc:

ASHTON PLACE SHOPPING CENTER
1095 FLEDDERJOHN ROAD • CHARLESTON, WEST VIRGINIA 25314
(304) 345-4MRI • (304) 343-0749 FAX

Page 1

500688.015.0109

03/25/2003 15:58 3699531

MADISON MEDICAL

MADISON MEDICAL, P.L.L.C.
705 MADISON AVE.
MADISON, WV 25130
PHONE# (304)369-5170 FAX# (304)369-1742

3409-37 *old*
1-30-01 *mi*

MEDICAL RECORDS RELEASE AUTHORIZATION

TO: St. Francis Hospital
DOCTOR

ADDRESS: _____

I HEREBY AUTHORIZE AND REQUEST YOU TO RELEASE TO:

Dr. Mark Snyder

THE COMPLETE RECORDS IN YOUR POSSESSION CONCERNING MY
ILLNESSES AND/OR TREATMENTS DURING THE PERIOD FROM:

All TO _____

NAME: Christopher Lester DATE: 3-25-03

ADDRESS: P.O. Box 1113
Wenatche, WA 98053

BIRTHDATE: [REDACTED]-71 SSN# [REDACTED]-3342

SIGNATURE: Chris Lester
(IF RELATIVE STATE RELATION)

WITNESS: Laurena Jacy

THIS RELEASE AND AUTHORIZATION SHALL BE VALID FOR ONE YEAR
FROM ITS DATE OF SIGNATURE UNLESS TERMINATED IN WRITING BEFORE
THAT DATE.

*If a fee is required for records please pre-bill. The physicians office will not
be responsible for any fees incurred.

RECEIVED

4-10-03
Smoat
DM (1)



PATIENT NAME: LESTER, CHRISTOPHER W
MRN: TMP2001013000180
ORDERING PHYSICIAN: JOHN MARK SNYDER, DO

DOB: [REDACTED]/1971 AGE: 29Y
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DA/gz
Dictated: 01/30/2001 16:30:38
Transcribed: 01/30/2001 19:40:03
Voice Job ID: 283228
Document #: 196280
cc:

OK
Keep sendin files w
to me + Mr. Lohm

RECEIVED FEB 01 2001

ASHTON PLACE SHOPPING CENTER
1095 FLEDDERJOHN ROAD • CHARLESTON, WEST VIRGINIA 25314
(304) 345-4MRI • (304) 343-0749 FAX

Page 1

500688.015.0111

JAN 31 '01 11:47AM

P.1



PATIENT NAME: LESTER, CHRISTOPHER W
MRN: TMP2001013000180.
ORDERING PHYSICIAN: JOHN MARK SNYDER, DO

DOB: [REDACTED]/1971 AGE: 29Y
DATE OF EXAM: 1/30/2001
ROOM: -
SERVICE: OPT

MRI

DATE OF EXAMINATION: 1/30/2001

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1095 FLEDDERJOHN ROAD • CHARLESTON, WEST VIRGINIA 25314
(304) 345-4MRI • (304) 343-0749 FAX

Page 1

500688.015.0112

Neurodiagnostics

ELECTROMYOGRAM

Charleston Area Medical Center
Charleston, West Virginia

☒ General Division 348-6204
☐ Memorial Division 348-9085
☐ Women & Children's 348-2636

PT # 1205395757

Name: Lester, Christopher Age: 28 DOB: [REDACTED] 71 Sex: Male Room: OP
P.O. Box 1113
Address: Danville, WV Physician: Snyder/Amores Date: 10/2/00 EMG# 5735B

STIMULATE	ACTION POTENTIAL AMPLITUDE	CONDUCTION STUDIES	
		CONDUCTION VELOCITY	DISTAL MOTOR LATENCY
(L) Median (record thenar)	4.0 millivolts	50.4 m/sec	2.6 msec.
(L) Ulnar (record hypothenar)	8.0 millivolts	55.5 m/sec	2.1 msec.

STIMULATE	DISTANCE	DISTAL SENSORY LATENCY
(L) Index (record median)	12.1 cm	2.6 msec.
(L) Fifth (record ulnar)	11.0 cm	2.3 msec.

MUSCLE	FIBRILLATION (Positive Sharp Waves)	MUSCLE EXAMINATION	
		FASCICULATION (Minimal)	MOTOR UNITS POTENTIAL Maximal
(R) Biceps	0	0	normal
(R) Triceps	0	0	normal
(R) Deltoid	0	0	normal
(R) First dorsal interosseous	0	0	normal
(R) Flexor carpi radialis	0	0	normal
(R) Extensor carpi radialis	0	0	normal

IMPRESSION:

The left median and ulnar motor and sensory conduction studies were normal. The insertion exam was normal.

The Electromyogram was normal. There was no evidence of a carpal tunnel syndrome, ulnar neuropathy, generalized peripheral neuropathy or a focal cervical radiculopathy.

LEE H. PRATT, M.D.

LHP/kjm
Typed 10/04/00 @ 1123

500688.015.0113

OONE MEMORIAL HOSPITAL MADISON, WV 25130										CL.	
UNIT NO.	MEDICAL RECORD NO.	FINANCIAL TYPE	ION	MODE OF	AL	REGISTRATION DATE	TIME	REGISTERED			
35509											
PATIENT NAME Lester, Christopher W				AGE 30	DATE OF BIRTH 7/1	SEX M	RACE W	MARITAL STATUS m	SOCIAL SECURITY NO. 3340		
MACHINE ADDRESS PO Box 1113				COUNTY OF RESIDENCE		NOTIFY IN CASE OF EMERGENCY April - wife			RELATIONSHIP		
HOME ADDRESS				HOME PHONE 304-6657		EMERGENCY CONTACT'S ADDRESS			STATE	ZIP CODE	
CITY Danville		STATE WV	ZIP CODE 26053	ADMIT TYPE		EMPLOYMENT			PHONE		
FATHER'S NAME (IF MINOR)				ADMIT SOURCE		MOTHER'S NAME (IF MINOR)					
GUARANTOR'S NAME Lester April				PATIENT'S RELATIONSHIP TO GUARANTOR Spouse		EMPLOYMENT STATUS		EMPLOYEE I.D. NO.			
GUARANTOR'S HOME ADDRESS PO Box 1113				GUARANTOR'S HOME PHONE 304-6657		EMPLOYER'S NAME			EMPLOYER'S PHONE		
GUARANTOR'S HOME ADDRESS Same				GUARANTOR'S SOCIAL SECURITY NO.		EMPLOYER'S LOCATION: STREET, CITY, STATE, AND ZIP CODE					
GUARANTOR'S CITY Danville		STATE WV	ZIP CODE 26053	GUARANTOR NO.		NAME			SOCIAL SECURITY NO.		
GUARANTOR'S EMPLOYER'S NAME				GUARANTOR'S EMPLOYER'S PHONE		ADDRESS			RES. PHONE		
GUARANTOR'S EMPLOYER'S LOCATION: STREET, CITY, STATE AND ZIP CODE Boone Co. Dev. Aut.						EMPLOYMENT			JOB PHONE		
PRIMARY INS. CO. NAME PEEA/ACordia				POLICY HOLDER Lester April		INSURED RELATION Spouse		POLICY NO. 235089969			
GROUP POLICY NAME				GROUP POLICY NO. 7170		COMMENTS					
SECONDARY INS. CO. NAME				POLICY HOLDER		INSURED RELATION		POLICY NO.			
GROUP POLICY NAME				GROUP POLICY NO.		COMMENTS					
TERTIARY INS. CO. NAME				POLICY HOLDER		INSURED					
GROUP POLICY NAME				GROUP POLICY NO.		COMMENTS					
MEDICARE NO.				MEDICAID NO.		LAST T.T.		LMP		PARITY	
ALLERGIES										WT.	
CHIEF COMPLAINT Found lying in garage - head & legs hurt											
R.M.D.										PVT M.D.	

PHARMACY

/ Start Pack
 Near Cath
 -Loop
 'ump Set (Non-Filtered)
 'ump Set (W/Filter)
 'ump Charge
 'ontrol A Flow
 'econdary Set
 'ented Sol Set (Micro-Drip)
 'lood Set
 'terlink Inj Site
 'rigation Cap
 'pike Adapter
 'Type Adapter Set
 'ther

CENTRAL SUPPLY

Pelvic Exam
 Rectal Exam
 Laceration (Minor)
 Laceration (Major)
 Urinalysis—Mid Stream, Fem. Cath, St. Cath
 Foley Tray
 Eye Irrigation
 02
 Nebulizer Tx
 GI or OD
 Burn
 Other

300NE MEMORIAL HOSPITAL MADISK WV 25130

CLINIC

Nursing Progress Notes

CHART COPY

TRIAGE LEVEL			CHECK IF NEGATIVE	OBJECTIVE FINDINGS/EXAMINATION
P.	R.	LMP.	ROS	
GCS			DERM	Neuro - when seen the pt's
PAINSCALE			GU	conscious/ coherent x3.
SUBJECTIVE FINDINGS/CHIEF COMPLAINT			COPD	strong shoving. Bon
30 yrs old W brought			RESP	pupils equal and
in by the ambulance after the			ENT	reactive to light
pt was found lying on the			POB	Weakness of right side of face
floor. He was unable to			POB	Compared to left
speak. He also had numbness			POB	Right arm/leg
in his right arm and leg.			POB	Very obese patient
He continued to have			POB	Extends to arm/leg
MD TIME OF ORDER			POB	
PHYSICIAN'S ORDER			POB	
SITE			POB	
TIME DONE			POB	
INITIALS			POB	
DIAGNOSTIC STUDIES:			POB	
1450 Report to J. L. W. came back			POB	
TIME			POB	
TREATMENTS & PROCEDURES			POB	
SIGNATURE			POB	
RESPONSE			POB	
PROBLEM LIST			POB	

After discharge care sheet:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Time Out	445	DIAGNOSTIC IMPRESSION	Neurological Ischemic
Course of Patient in Emergency Dept:		<input checked="" type="checkbox"/> Unremarkable <input type="checkbox"/> Unimproved			PLAN/TREATMENT:	Chronic
Condition On Discharge		<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Fair				Seizure disorder w/ CVA
Disposition of Case		<input checked="" type="checkbox"/> Good <input type="checkbox"/> Poor				Referred to Dr. G. G. G.
REFERRED TO DR.		<input checked="" type="checkbox"/> Admitted <input type="checkbox"/> Transferred				Discussed with Dr. G. G. G.
DISCHARGE CONDITION		<input checked="" type="checkbox"/> Home <input type="checkbox"/> Other				Accepts therapy
NURSE SIGNATURE		DOCTOR SIGNATURE				
PATIENT NO.		MEDICAL RECORD NO.	FINANCIAL TYPE	RELIGION		
PATIENT NAME		AGE	DATE OF BIRTH	SEX		
Lester, Christopher W.		30	7/1	30M		
COUNTY OF RESIDENCE		NOTIFY IN CASE OF EMERGENCY				
HOME ADDRESS		EMERGENCY CONTACT'S ADDRESS				
CITY		STATE	ZIP CODE	ADMIT TYPE		
Donville		WV	25053	ADMIT SOURCE		
FATHER'S NAME (IF MINOR)		MOTHER'S NAME (IF MINOR)				

500688.015.0115

Chris Carter

Boone Memorial Hospital
Nurses Notes

Date	Time	
7/23/02	1P	30 yo male to ER with complaint of drawing at right side of mouth and tingling & weakness of right ↑ & ↓ extremities - pupils R=R - speech slightly slurred but pt responding appropriately - 140/70 - 98-18 140/70 - family unsure of loss of consciousness NO - Normal Saline per #18 @ hand @
	2P	pt's speech more clear - still complains of "needles & pin" numbness - 136/86 - 72-18 - To CT p #12 Foley inserted @
	3P	AAO - pupil R=R - still c/o heaviness @ extremities - IV patent & infusing to clear site - @
	345p	monitor shows - O ₂ cont @ 3LPM O ₂ sat 97% - skin w/p/p - 126/70 72-18 - AAO - pupils R=R - no further asymmetry of face - total IV 1500 total urine 1850

500688.015.0117

**Boone Memorial Hospital
Rural Health Clinic
&
Emergency Room
Lab Results**

LAB MISCELLANEOUS
REQUISITION AND CHARGE TICKET

LAB IN		LAB OUT	#3
	7/28/02	ORDERED BY: <u>DH</u>	WRITTEN BY: <u>ESP</u>
Patient, Chris DOB [REDACTED] 71		<input type="checkbox"/> ASAP <input type="checkbox"/> STAT <input type="checkbox"/> TODAY <input type="checkbox"/> ROUTINE <input type="checkbox"/> PREP <input type="checkbox"/> TIME	
POB 113 Danville		DATE AND TIME TO BE DONE	DATE AND TIME
		7/28/02	
		COMPLETED BY TECHNICIAN	DATE AND TIME COMPLETED
		COMMENTS	LAB NO.

EXAMINATION REQUESTED:

SPECIMEN:

RESULTS:

FBS (stat) 120 mg/dl

Normal 70-105 mg/dl

LAB MISCELLANEOUS
BOONE MEMORIAL HOSPITAL, MADISON, WV
12/04
CHART

**Boone Memorial Hospital
Rural Health Clinic
&
Emergency Room
Lab Results**

LAB MISCELLANEOUS
REQUISITION AND CHARGE TICKET

RHC #3

LAB IN	LAB OUT	ORDERED BY:	WRITTEN BY:
	7/28/02		
Lester, Chris	[REDACTED] - 3340	<input type="checkbox"/> ASAP <input type="checkbox"/> STAT <input type="checkbox"/> TODAY <input type="checkbox"/> ROUTINE <input type="checkbox"/> PREP <input type="checkbox"/> TIME	
		DATE AND TIME TO BE DONE	COLLECTED BY
			path - J
DOB - [REDACTED] 7/1		COMPLETED BY TECHNICIAN	DATE AND TIME COMPLETED
		[Signature]	7-28-02 1:50P
		COMMENTS	LAB NO.
			720022524

EXAMINATION REQUESTED: toxology urine triage

SPECIMEN:

RESULTS:

PCP - neg
BZO - neg
COC - neg
Amp - neg

THC - neg
OPI - neg
BAR - neg
TCA - neg

12/84
LAB MISCELLANEOUS
BOONE MEMORIAL HOSPITAL, MADISON, WY
CHART

43

12/24

LAB MISCELLANEOUS
BOONE MEMORIAL HOSPITAL, MADISON, TN

CHART

LAB IN: 7/28/02

LAB OUT: 124

ORDERED BY: 87P

WRITTEN BY: 87P

DATE AND TIME TO BE DONE: 7/28/02

DATE AND TIME COLLECTED: 7/28/02

DATE AND TIME COMPLETED: 7/28/02

COMPLETED BY TECHNICIAN: [Signature]

COMMENTS: 369-4657

LAB NO.: 7200252

EXAMINATION REQUESTED: CBC, Comp

SPECIMEN: [Redacted]

RESULTS: [Redacted]

LAB MISCELLANEOUS
REQUISITION AND CHARGE TICKET

Date of Birth 12/23/1971 Sex M
 Completed By AGM Location RHC
 Collected By AGM Physician DY
 Date & Time 7-28-02 10:06PM Date & Time 07/28/02 13:09

SAMPLE PROCESSED	DIFF %	ABSOLUTE	HEMOGRAM
Q# 1	WBC 5.7		RBC 5.43
Q# 2 LESTER, CHRIS			HGB 15.8
sequence 9	NE 54.6	4.3	HCT 46.3
	LY 24.8	1.7	MCV 85.1
ATE: 07/28/02	MO 7.9	0.5	MCH 29.1
IME: 13:12:36	EO 2.7	0.2	MCNC 34.1
ass/Pos 007701	BA 0.0	0.0	RDW 12.8
			PLT 262
normal WBC Pop			NPV 7.9
normal RBC Pop			
normal PLT Pop			

NORMAL VALUES		
WBC	4.6-10.8	$\times 10^3$
RBC	M 4.7-6.1 F 4.2-5.4	$\times 10^6$
HGB	M 14-18 F 12-16	g/dL
HCT	M 42-52 F 37-47	%
MCV	M 80-94 F 81-89	fL
MCH	27-31	pg
MCHC	32-36	g/dL
RDW	11.5-14.5	%
PLT	130-400	$\times 10^3$
MPV	7.4-10.4	fL
NE%	40.7-61.5	%
BAND	0.0-6.0	%
LY%	18.8-44.4	%
MO%	2.3-13.1	%
EO%	0.0-5.7	%
BA%	0.0-3.4	%
NE#	2.0-7.2	$\times 10^3$
LY#	0.7-3.5	$\times 10^3$
MO#	0.2-1.0	$\times 10^3$
EO#	0.0-0.4	$\times 10^3$
BA#	0.0-0.3	$\times 10^3$

MANUAL DIFFERENTIAL %		MORPHOLOGY	
		1 - SLIGHT	2 - MOD TO MARK
		7 - MOD	8 - MARKED
SEGMENTED NEUTROPHIL			1 2
BAND			ANISOCYTOSIS
LYMPHOCYTE			MICROCYTOSIS
MONOCYTE			MACROCYTOSIS
EOSINOPHIL			HYPOCHROMIA
BASOPHIL			POLYCHROMASIA
METAMYELOCYTE			POIKILOCYTOSIS
MYELOCYTE			BASOPHILIC STIPPLING
PROMYELOCYTE			TOXIC GRANULATION
BLAST			
VARIANT LYMPHS			
PLT POP			
LARGE PLATELETS			
PLT CLUMPS PRESENT			
PLT APPEARS	INCREASED		
	DECREASED		
	NORMAL		
AUTO DIFF. C. VERIF. BY [Signature]			
MAN. DIFF. VERIF. BY [Signature]			
PROTHROMBIN TIME		10.6-13.2 Sec.	Sec. INR
(APTT) ACTIVATED PART THROMBOPLASTIN		25.5-40.5 Sec.	Sec.
Ble. Time		1-6 Min.	Min. Sec.
Clotting Time		5-9 Min.	Min. Sec.
RETICULOCYTE COUNT		ADULT 0.5-1.5% NEWBORN 1.5-6.5%	
SED. RATE		MALE + 30 TD + 5-15 mm/hr + 30 TD + 6-20 mm/hr FEMALE + 30 TD + 6-20 mm/hr + 30 TD + 6-20 mm/hr	

APLETED BY [Signature] DATE AND TIME 7-28-02 1:14P

AMENTS: [Redacted]

IMUNICATED:

E: [Redacted] TIME: [Redacted]

OFFICE COPY

Jul-28-2002 14:32

BMC FAX 1111

701 Madison Ave.
Madison, WV 25130
Phone: (304) 368-1230 ext 212
Fax: (304) 368-2804

Boone Memorial
Hospital

Fax

To: CAMC-General From: Radiology Department
 Fax: 369-2601 Date: _____
 Phone: ✓ Page: _____
 Re: Strat Begging CC: _____
Dr. Dy
☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Comments

Christopher Hester - age 31
 * CT head
 * Collapse at home
 LT side of face drawn
 * Please for report back
 Thanks

Probable old infarct @ basal
 ganglia. No acute infarct/hemorrhage.
 JAW

TOTAL P.01

500688.015.0121

07/28/2002
13:26:59
PAGE 1

BOONE MEMORIAL HOSPITAL
701 MADISON AVENUE
MADISON, WV 25130
13859-0118



=====

Name: LESTER, CHRIS	Sample ID: 7-2002-2521
Patient ID: [REDACTED] 3340	Sample Type: Serum
Date of Birth: [REDACTED] 1971	Doctor: DY
Age: 30	Collection Date/Time: 07/28/2002 01:06 <i>to</i>
Sex: M	Run Date/Time: 07/28/2002 13:17 <i>stop</i>
Location: RHC	Rack/Pos/Rep: 452/1/1
Pat. Comment:	
Sample Comment:	
Dilution:	

=====

Chemistry	Results	Units	Reference Range	Remarks
NA	138	mmol/L	135 - 145	
K	3.7	mmol/L	3.6 - 5.0	
CL	104	mmol/L	101 - 111	
CO2	30	mmol/L	21 - 31	
GLUC _m	117	mg/dL	70 - 105	HIGH
BUN _m	12	mg/dL	7 - 18	
CRE _m	0.9	mg/dL	0.6 - 1.3	
CALC	9.0	mg/dL	8.4 - 10.2	
TBIL	0.7	mg/dL	0.2 - 1.2	
TP _m	6.2	g/dL	6.1 - 7.9	
ALB _m	3.5	g/dL	3.5 - 4.8	
ALT	57	IU/L	10 - 60	
AST	28	IU/L	10 - 42	
ALP	69	IU/L	42 - 121	

Calculated Values	Results	Units
OSMOLALITY(1)	276.5	mOsm/L
ANION GAP(2)	7.7	mmol/L
A/G RATIO	1.3	
BUN/CREA RATIO	13.3	

Instrument Codes

=====

Hoane Memorial Hospital

Dept:
Room:
Oper:

07/28/2002 13:12:02

Lester, Chris

Rx:
Dx:

Rate 104 Sinus bradycardia, rate 104.....Normal P axis, rate >= 100
PR 141 Nonspecific inferior T abnormalities.....T neg or T/QRS ratio <.05 2,3,4
QRS 86
QT 329
QTc 433

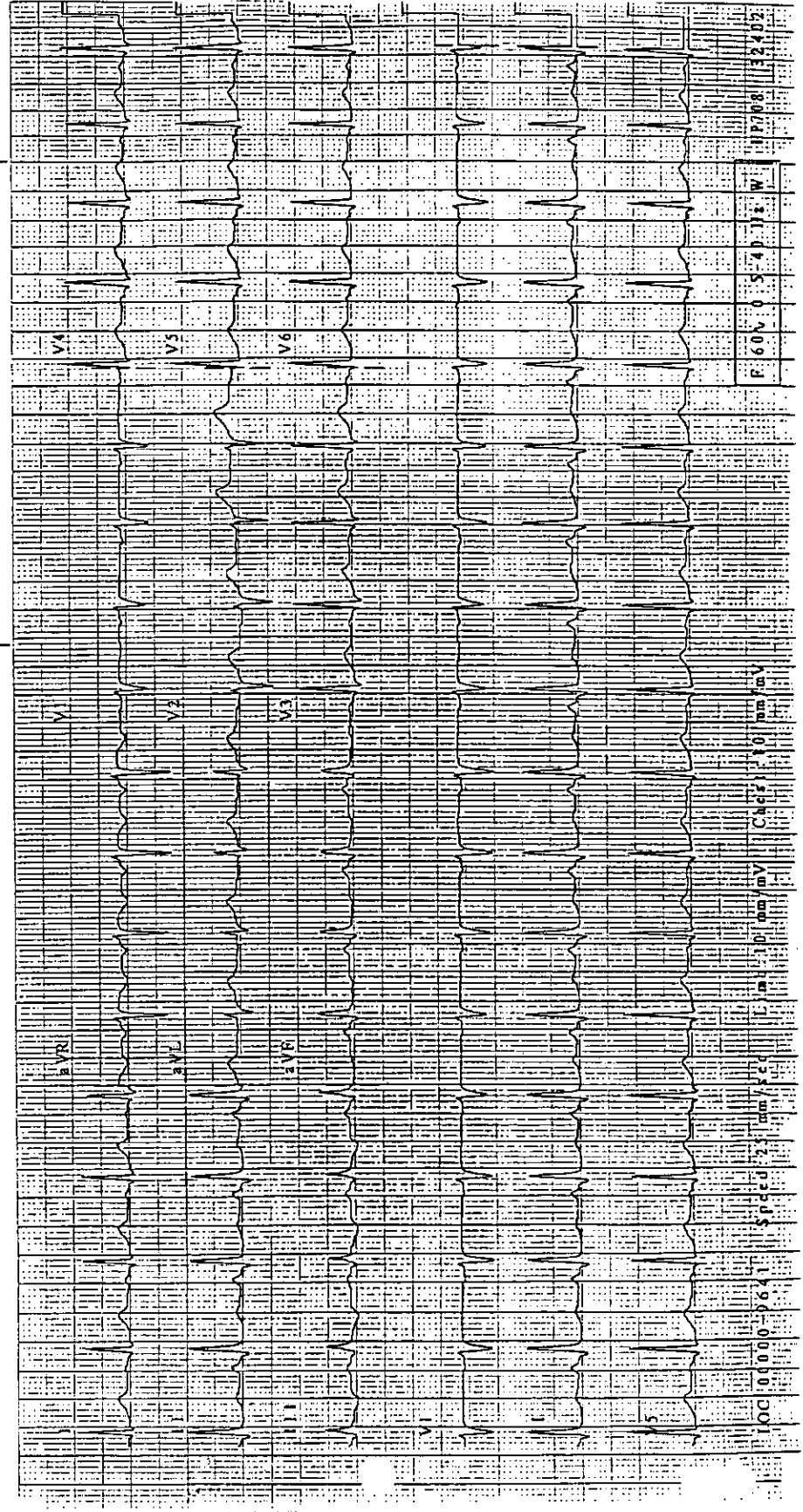
--AXIS--
P 74
QRS 59
T -5

Requested by:

[Signature]

- BORDERLINE ECG -

PRELIMINARY-MD MUST REVIEW



500688.015.0123

**Boone Memorial Hospital
Rural Health Clinic
&
Emergency Room
Lab Results**

ROUTINE URINALYSIS
REQUISITION AND CHARGE TICKET

LAB IN		LAB OUT	
PATIENT NUMBER 10455		DATE OF SERVICE 01/25/02	
PATIENT NAME CHRISTOPHER		ORDERED BY:	
PO BOX 1113		WRITTEN BY:	
ADDRESS 3340		<input type="checkbox"/> ASAP <input type="checkbox"/> STAT <input type="checkbox"/> TODAY <input type="checkbox"/> ROUTINE <input type="checkbox"/> PREOP <input type="checkbox"/> TIME	
CITY 3340		DATE AND TIME TO BE DONE EV 2-25-02	
STATE PA		COLLECTED BY EV	
<input type="checkbox"/> MED-OUT <input type="checkbox"/> ORAL <input type="checkbox"/> MED-UNDER <input type="checkbox"/> OTHER		DATE AND TIME COMPLETED 2-25-02 1200	
<input checked="" type="checkbox"/> Routine Urinalysis <input type="checkbox"/> Macroscopic Only		<input type="checkbox"/> CLEAN CATCH <input checked="" type="checkbox"/> VOIDED <input type="checkbox"/> CATH	
LAB NO. 2002-2213			
Test Name	Results	Reference Range	Microscopic
Color	yellow		RBC/HPF 2-3
Appearance	clear		WBC/HPF 2-3
Specific Gravity	1.020	1.010 - 1.020	Epithelial
pH	5.0	5.0 - 7.5	Cells /HPF
Glucose	<input checked="" type="checkbox"/> Neg <input type="checkbox"/> Pos	negative	Bacteria
Bilirubin	<input checked="" type="checkbox"/> Neg <input type="checkbox"/> Pos	negative	Mucus
Ketone	<input checked="" type="checkbox"/> Neg <input type="checkbox"/> Pos	negative	Crystals
Blood	<input checked="" type="checkbox"/> Neg <input type="checkbox"/> Pos	negative	Casts/LPF
Protein	<input checked="" type="checkbox"/> Neg <input type="checkbox"/> Pos	negative	Other
Urobilinogen	<input checked="" type="checkbox"/> Neg <input type="checkbox"/> Pos	≤ 1.0	
Nitrite	<input checked="" type="checkbox"/> Neg <input type="checkbox"/> Pos	negative	<input type="checkbox"/> Menses
Leukocytes	<input checked="" type="checkbox"/> Neg <input type="checkbox"/> Pos	negative	<input type="checkbox"/> Cultured per protocol

ROUTINE URINALYSIS
CHART

BOONE MEMORIAL HOSPITAL, Madison, WV

500688.015.0125

Boone Memorial Hospital, Madison, W. Va.
HEMATOLOGY

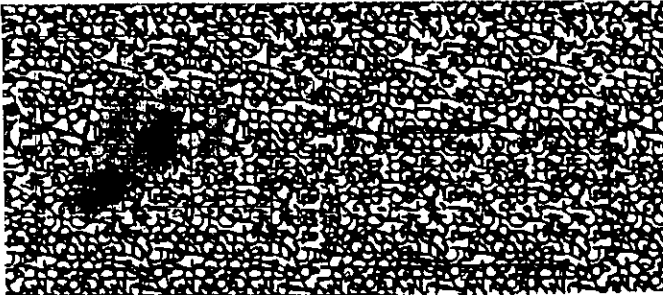
LAB IN			
PATIENT NUMBER		DATE OF SERVICE	
PATIENT NAME			
ROOM NUMBER	AGE	SEX	<input type="checkbox"/> OUTPATIENT
PHYSICIAN	<input type="checkbox"/> MEDI-OVER <input type="checkbox"/> DPA <input type="checkbox"/> MEDI-UNDER <input type="checkbox"/> OTHER		

2/25/02 20:04:47
TF

304-369-1230

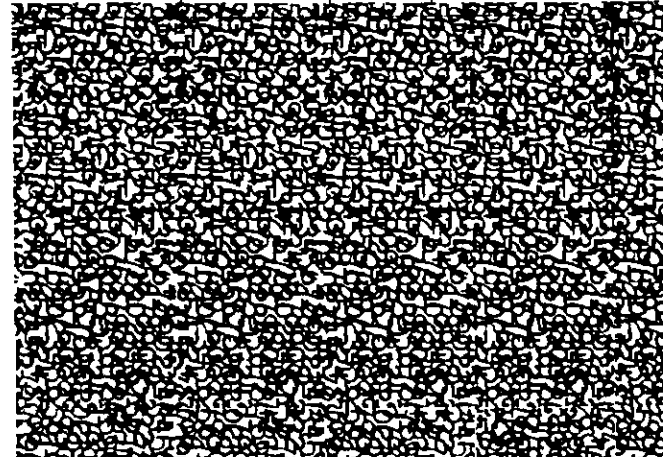
Boone Mem. Hospital
701 Madison Ave.
Madison, WV

LAB OUT	
ORDERED BY:	WRITTEN BY:
<input type="checkbox"/> ASAP <input type="checkbox"/> STAT <input type="checkbox"/> TODAY <input type="checkbox"/> ROUTINE <input type="checkbox"/> PREOP <input type="checkbox"/> TIME	
DATE/TIME TO BE DONE	COLLECTED BY DATE AND TIME
COMPLETED BY TECH	DATE AND TIME COLLECTED



Date of Birth: 1971 Sex: M
 Completed By: KC Location: RHC
 Collected By: JH Physician: LOPEZ
 Date & Time: 2-25-02 8:00 Date & Time: 02/25/02 20:00

DIFF %	ABSOLUTE	HEMOGRAM
WBC 3.6		RBC 5.82
NE 58.3	5.6	HGB 16.5
LY 29.1	2.8	HCT 49.0
NO 7.4	0.7	MCH 84.1
EO 4.1	0.4	MCHC 28.3
BA 1.1	0.1	MCHC 33.7
		RDW 12.2
		PLT 354
		MPV 7.4



NORMAL VALUES		
WBC	4.5-10.8	x10 ³
RBC	4.7-6.1	F 4.2-5.4 x10 ⁶
HGB	14-18	F 12-16 g/dL
HCT	42-52	F 37-47 %
MCV	80-94	F 81-99 fL
MCH	27-31	pg
MCHC	32-36	g/dL
RDW	11.5-14.5	%
PLT	130-400	x10 ³
MPV	7.4-10.4	fL
NE%	40.7-81.5	%
BAND	0.0-6.0	%
LY%	18.8-44.4	%
MON%	2.3-13.1	%
EO%	0.0-5.7	%
BA%	0.0-3.4	%
NE#	2.0-7.2	x10 ³
LY#	0.7-3.5	x10 ³
MO#	0.2-1.0	x10 ³
EO#	0.0-0.4	x10 ³
BA#	0.0-0.3	x10 ³

MANUAL DIFFERENTIAL %		MORPHOLOGY	
SEGMENTED NEUTROPHIL		1. SLIGHT	1. MOD TO MARK
BAND		2. MOD	2. MARKED
LYMPHOCYTE		ANISOCYTOSIS	
MONOCYTE		MICROCYTOSIS	
EOSINOPHIL		MACROCYTOSIS	
BASOPHIL		HYPOCHROMIA	
METAMYELOCYTE		POLYCHROMASIA	
MYELOCYTE		POKILOCYTOSIS	
PROMYELOCYTE		SASOPHILIC STIPPLING	
BLAST		TOXIC GRANULATION	
VARIANT LYMPHS			
PLT POP			
LARGE PLATELETS			
PLT CLUMPS PRESENT			
PLT APPEARS		INCREASED	
		DECREASED	
		NORMAL	
AUTO DIFF. VERIF. BY			
MAN. DIFF. VERIF. BY			
PROTHROMBIN TIME	10.0-13.2 Sec.		Sec
(APTT) ACTIVATED PARTIAL THROMBOPLASTIN	23.7-36.9 Sec.		Sec
Bleeding Time	1-6 Min.	Min.	Sec
Clotting Time	5-8 Min.	Min.	Sec
RETICULOCYTE COUNT	ADULT 0.5-1.5% NEWBORN 2.5-6.5%		
SED. RATE	MALE 0-15 mm/hr FEMALE 0-20 mm/hr		

COMPLETED BY: K.C. DATE AND TIME: 2-25-02 8:14 PM

COMMENTS: _____

COMMUNICATED: _____

DATE: _____ TIME: _____

500688.015.0126

25 Feb 02 *fc*
 20:08:27
 PAGE 1

BOONE MEMORIAL HOSPITAL
 701 MADISON AVENUE
 MADISON W.V. 25130

=====

NAME: LESTER, CHRISTOPHER
 PATIENT ID: 2-2002-2213
 AGE: 30 years
 DATE OF BIRTH: [REDACTED] 71
 SEX: M
 LOCATION: RHC
 PAT. COMMENT:
 SAMPLE COMMENT:
 INST CODES:

SAMPLE ID: 2-2002-2213
 SAMPLE TYPE: Serum
 DOCTOR: LOPEZ
 DRAW DATE/TIME: Feb 25 02 7:49 *Jim*
 RUN DATE/TIME: Feb 25 02 20:05
 SEC/CUP/REP: 7/4

CHEMISTRY	RESULTS	UNITS	REFERENCE RANGE	REMARKS
NA	134.6	mmol/L	135.0 - 145.0	LOW
K	3.55	mmol/L	3.60 - 5.00	LOW
CL	100.5	mmol/L	101.0 - 111.0	LOW
CO2	31.7	mmol/L	21.0 - 31.0	HIGH
GLU-	96	mg/dL	70 - 105	
BUN-	9	mg/dL	7 - 18	
CRE-	1.0	mg/dL	0.6 - 1.3	
CA-	9.2	mg/dL	8.4 - 10.2	

CALCULATED VALUES	RESULTS	UNITS	REFERENCE RANGE	REMARKS
OSMOLALITY (1)	267.9	mOsm/L	* - *	
ANION GAP (2)	5.9		* - *	

=====

2/25/02
all

MADL. J, WV 25130


CHART COPY

EMERGENCY DEPARTMENT
Nursing Progress Notes

500688.015.0128

500688,015,0130

Patient Name: Christopher Lester	Arrived By: Dan
Addressograph: SK	Triage Time: 6:44 p
	Date: 2/25/02
	Allergies: NKDA
	Family Physician: Snyder
	Dr. Notified:

TRIAGE												
BP 140/84	T 98.7	P 65	R 16	Resp	Norm	Slow	Labored	Rapid	Apneal	Strider	Shallow	Wt. 295
Chief Complaint: not urinating enough, legs going out old back anyway,												
Wound Assessment (if applicable)												
												
Comfort Level: 4												10
Onset: Friday	Pain Scale:		1	2	3	4	5	6	7	8	9	10
Triage Level:	Emergent				Urgent				Non-Urgent			
Disposition	Waiting Room				Exam Room				Time:			

L. Denise J. Pritchard Triage Nurse Signature

A98E88MENT							
Color	Normal	Pale	Dusky	Cyanotic	Moist		
Skin	Warm	Dry	Hot	Cool/Cold	Clammy		
Breath:	Clear	Wheezing	Rales	Rhonchi			
Sounds:	Diminished	Congested	Other:				
Mental Status:	Alert	Oriented	Confused	Unresponsive	Lethargic	Combative	
Mobility:	Ambulatory	W/C Confined	Stretcher	Crawls	Unsteady Gait	Assistive Device	
Daily Meds							
Medication	Route/Freq.	Medication	Route/Freq.	Medication	Route/Freq.		
F2 Factor	150 mg	1-2x d					
Hydroxyzine	50 mg	1-2x d					
Hydroxyzine	50 mg	1-3x d					
Fludcort	10 mg	1-3x d					
Oxy Contin	40 mg	1-3x d					
Dates of Last Exams/Injections:							

Mamo			Rectal Exam	Pneumonia	LMP
Pap/Peivic			Tetanus	PPD/Tine	Other:
Grav.	Para	A	Flu	Up to Date	

Glasgow Coma Scale (GCS)				
Adult			Pediatrics	
Spontaneous	4	Eye Opening	Spontaneous	4
Voice	3		Voice	3
Pain	2		Pain	2
None	1		None	1
Obers	6	Motor Response	Norm. Spont. Mvmt.	6
Localizes Pain	5		Withdraws from touch	5
Withdraws to Pain	4		Withdraws from Pain	4
Flexion	3		Abnormal Flexion	3
Extension	2		Abnormal Extension	2
None	1		None	1
Oriented	5	Verbal Response	Coxs, babbles	5
Confused	4		Irritable/Cries	4
Inappropriate	3		Cries to Pain	3
Incomprehensible	2		Moans to Pain	2
None	1		None	1

Health & Social History		P - Personal	F - Family
(Check all that apply)			
P	F	P	F
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Diabetes		Heart Attack
<input checked="" type="checkbox"/>	Anxiety Disease		Alcohol
<input checked="" type="checkbox"/>	Cancer		Tobacco
<input checked="" type="checkbox"/>	High Blood Pres.		Drugs
	Stroke		Caffeine
			Other:
Surgeries: <i>Penis</i>			

Nurse Signature: Shirley J. Hutchins

FEB-26-2002 14:09

BOONE MEMORIAL ER/RHC
HEMATOLOGY

304 369 1255 P.08/08

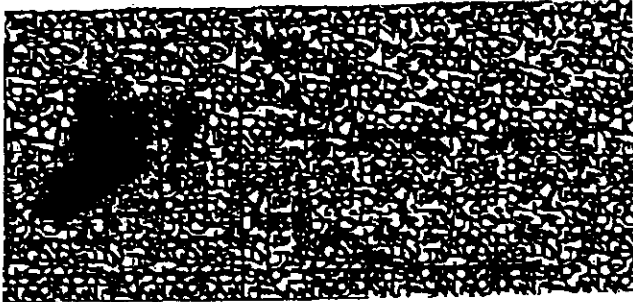
LAB IN	
PATIENT NUMBER	DATE OF SERVICE
PATIENT NAME	
ROOM NUMBER	AGE SEX <input type="checkbox"/> OUTPATIENT
PHYSICIAN	<input type="checkbox"/> MED-ONCE <input type="checkbox"/> CPA <input type="checkbox"/> MED-UNDER <input type="checkbox"/> OTHER

MO 20:04:44
TF

304-369-1254

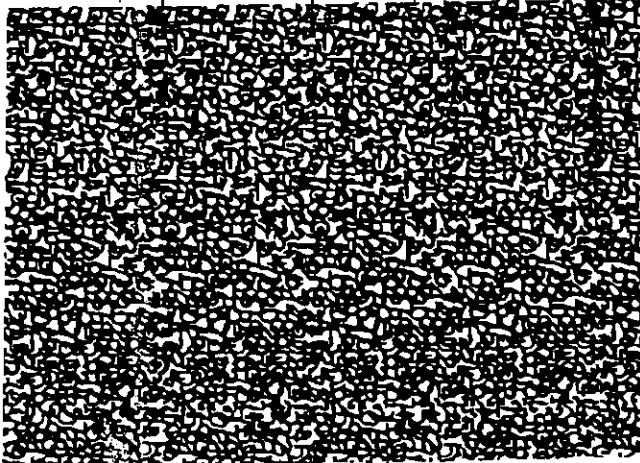
Boone Mem. Hospital
701 Madison Ave.
Madison, IN

LAB OUT	
ORDERED BY:	WRITTEN BY:
<input type="checkbox"/> ASAP <input type="checkbox"/> STAT <input type="checkbox"/> TODAY <input type="checkbox"/> ROUTINE <input type="checkbox"/> PREOP <input type="checkbox"/> TIME	
DATE/TIME TO BE DONE	COLLECTED BY DATE AND TIME
COMPLETED BY TECH	DATE AND TIME COLLECTED



of Birth 02/25/1971 Sex M
 listed By LC Location RHC
 listed By JM Physician LOPEZ
 & Time 2-25-02 8:00 Date & Time 02/25/02 20:00

DIFF %	ABSOLUTE	HEMOGRAM
WBC 9.6		RBC 5.82
NE 68.3	5.6	RED 16.5
LY 28.1	2.8	RET 49.0
MO 7.4	0.7	HCV 84.5
EO 4.1	0.4	MCH 28.3
BA 1.1	0.1	MCHC 33.7
		RDW 12.2
		PLT 354
		MPV 7.4



NORMAL VALUES	
WBC	4.8-10.8 $\times 10^3$
RBC	4.7-6.1 F 4.2-5.4 $\times 10^6$
HGB	14-18 F 12-16 g/dL
HCT	43-53 F 37-47 %
MCH	80-100 F 81-100 pL
MCHC	32-36 g/dL
RDW	11.5-14.5 %
PLT	130-400 $\times 10^3$
MPV	7.6-10.4 pL
NEU	40.7-81.5 %
BAND	0.0-0.0 %
LY%	16.9-44.4 %
MON%	2.3-13.1 %
EO%	0.0-6.7 %
BA%	0.0-2.4 %
NEP	2.0-7.2 $\times 10^3$
LY%	0.7-3.5 $\times 10^3$
MCH	0.2-1.0 $\times 10^3$
EO%	0.0-6.4 $\times 10^3$
BA%	0.0-0.3 $\times 10^3$

MANUAL DIFFERENTIAL %	MORPHOLOGY
REGIMENTED NEUTROPHIL	1-24H 2-3H 3-4H 4-5H 5-6H 6-7H 7-8H 8-9H 9-10H 10-11H 11-12H 12-13H 13-14H 14-15H 15-16H 16-17H 17-18H 18-19H 19-20H 20-21H 21-22H 22-23H 23-24H
BAND	ANISOCYTOSIS
LYMPHOCYTE	MICROCYTOSIS
MONOCYTE	MACROCYTOSIS
EOSINOPHIL	HYPOCHROMIA
BASOPHIL	POLYCHROMASIA
METAMYELOCYTE	POIKILOCYTOSIS
MYELOCYTE	DASOPHILIC STIPPLING
PRONUCLEOCYTE	TOXIC GRANULATION
BLAST	
VARIANT LYMPHS	
PLT POP	
LARGE PLATELETS	
PLT CLUMPS PRESENT	
PLT APPEARS	INCREASED DECREASED NORMAL
AUTO DIFF. VENT. BY	
MAN. OP. VENT. BY	
PROTHROMBIN TIME	16.9-19.2 Sec. Sec. Sec.
(APTT) ACTIVATED PARTHROMBOPLASTIN	23.7-38.3 Sec. Sec.
Dis. Time	1-4 Sec. Sec. Sec.
Clotting Time	5-8 Sec. Sec. Sec.
WBC COUNT	ADULT 5.5-11.5 $\times 10^3$ NEWBORN 2.5-4.0 $\times 10^3$
RED. RATE	MALE + 50 YD - 9-12 mmHg + 50 YD - 5-7 mmHg FEMALE + 50 YD - 5-8 mmHg + 50 YD - 5-6 mmHg

COMPLETED BY K.C. DATE AND TIME 2-25-02 8:44pm

COMMENTS:

COMMUNICATED:

O:

THAC

TOTAL 0 00

500688.015.0133

FEB-26-2002 14:09

BOONE MEMORIAL ER/RHC

304 369 1255 P.06/08

25 Feb 02
20:08:27
PAGE 1BOONE MEMORIAL HOSPITAL
701 MADISON AVENUE
MADISON W.V. 25130

NAME: LESTER, CHRISTOPHER
 PATIENT ID: 2-2002-2213
 AGE: 30 years
 DATE OF BIRTH: 71
 SEX: M
 LOCATION: RHC
 PAT. COMMENT:
 SAMPLE COMMENT:
 INST. CODES:

SAMPLE ID: 2-2002-2213
 SAMPLE TYPE: Serum
 DOCTOR: LOPEZ
 DRAW DATE/TIME: Feb 25 02 7:49 *Jim*
 RUN DATE/TIME: Feb 25 02 20:05
 SEC/CUP/REP: 7/4

CHEMISTRY	RESULTS	UNITS	REFERENCE RANGE	REMARKS
NA	134.6	mmol/L	135.0 - 145.0	LOW
K	3.55	mmol/L	3.60 - 5.00	LOW
CL	100.5	mmol/L	101.0 - 111.0	LOW
CO2	31.7	mmol/L	21.0 - 31.0	HIGH
GLU-	96	mg/dL	70 - 105	
BUN-	9	mg/dL	7 - 18	
CRE-	1.0	mg/dL	0.6 - 1.3	
CA-	9.2	mg/dL	8.4 - 10.2	
CALCULATED VALUES	RESULTS	UNITS	REFERENCE RANGE	REMARKS
OSMOLALITY (1)	267.9	mOsm/L	* - *	
ANION GAP (2)	5.9		* - *	

2/25/02
allu

500688.015.0134

304 369 1255 P.05/08

FEB-26-2002 14:09

BOONE MEMORIAL ER/RHC

**Boone Memorial Hospital
Rural Health Clinic
&
Emergency Room
Lab Results**

ROUTINE URINALYSIS
REQUESTION AND CHARGE TICKET

LAB # 0720378		DATE OF SERVICE 02/25/02		ORDERED BY:		WRITTEN BY:	
PATIENT LESTER CHRISTOPHER		DOB 02/25/02		DATE AND TIME TO BE DONE 02/25/02		COLLECTED BY EV	
PO BOX 1113		PHONE 369-6657		DATE AND TIME COMPLETED 02/25/02		COMPLETED BY TECHNICIAN	
TESTS PELE		TESTS PELE		DATE AND TIME COMPLETED 02/25/02		COMPLETED BY TECHNICIAN	
ROUTINE URINALYSIS		MACROSCOPIC ONLY		CLEAN CATCH		VOIDED	
TEST NAME		RESULTS		REFERENCE RANGE		RESULTS	
Color		yellow				RBC/HPF	
Appearance		clear				WBC/HPF	
Specific Gravity		1.020		1.010 - 1.020		Epithelial	
pH		5.0		5.0 - 7.5		Cells /HPF	
Glucose		<input checked="" type="checkbox"/> Neg <input type="checkbox"/> Pos		negative		Bacteria	
Bilirubin		<input checked="" type="checkbox"/> Neg <input type="checkbox"/> Pos		negative		Mucus	
Ketone		<input checked="" type="checkbox"/> Neg <input type="checkbox"/> Pos		negative		Crystals	
Blood		<input checked="" type="checkbox"/> Neg <input type="checkbox"/> Pos		negative		Casts/LPF	
Protein		<input checked="" type="checkbox"/> Neg <input type="checkbox"/> Pos		negative		Other	
Urobilinogen		<input checked="" type="checkbox"/> Neg <input type="checkbox"/> Pos		≤ 1.0			
Nitrite		<input checked="" type="checkbox"/> Neg <input type="checkbox"/> Pos		negative		<input type="checkbox"/> Menses	
Leukocytes		<input checked="" type="checkbox"/> Neg <input type="checkbox"/> Pos		negative		<input type="checkbox"/> Cultured per protocol	

ROUTINE URINALYSIS
CHART

BOONE MEMORIAL HOSPITAL, ABINGDON, MD

500688.015.0135

FEB-26-2002 14:07

BOONE MEMORIAL ER/RHC

304 369 1255

P.01/08

Boone Memorial Hospital

701 Madison Avenue Madison, West Virginia 25130 304-369-1230



EMERGENCY ROOM / RURAL HEALTH CLINIC
PHONE: 304-369-1230 EXT. 250
FAX: 304-369-1255

DATE: 2/26/02

TO: Madison Medical

Re: Christopher Lester

ATTENTION: _____

FAX NUMBER: 304-1742

NUMBER OF PAGES 7 **INCLUDING COVER SHEET**

COMMENTS: _____

500688,015,0137

300NE MEMORIAL HOSPITAL MAC. N, WV 25130

EMERGENCY DEPARTMENT
Nursing Progress Notes

CHART COPY

MD TIME OF ORDERS	MEDS	PHYSICIANS ORDERS	SITE	TIME DONE	INITIALS	LAB	EKG				
						<input type="checkbox"/> CBC	<input type="checkbox"/> DRUG SCREEN				
						<input type="checkbox"/> U/A	<input type="checkbox"/> ETOH				
						<input type="checkbox"/> CHEM 6	<input type="checkbox"/> STREP SCREEN				
						<input type="checkbox"/> CREATININE	<input type="checkbox"/> GC CULTURE				
						<input type="checkbox"/> URIC ACID	<input type="checkbox"/> CHLAMYDIA SCRE				
						<input type="checkbox"/> CALCIUM	<input type="checkbox"/> KOH SMEAR				
						<input type="checkbox"/> T. BIL	<input type="checkbox"/> NaCl SMEAR				
						<input type="checkbox"/> T. PROTEIN	<input type="checkbox"/> SPUTUM CULTURE				
						<input type="checkbox"/> ALBUMIN	<input type="checkbox"/> HEMOCULT				
						<input type="checkbox"/> ALT	<input type="checkbox"/> AMYLASE				
						<input type="checkbox"/> AST	<input type="checkbox"/> BLOOD C/SX				
						<input type="checkbox"/> LDH	<input type="checkbox"/> PT				
						<input type="checkbox"/> CK	<input type="checkbox"/> PTT				
						<input type="checkbox"/> PHOS					
						<input type="checkbox"/> TGL					
						<input type="checkbox"/> CHOL					
						<input type="checkbox"/> ALK PHOS					
						<input type="checkbox"/> CKMB					
						<input type="checkbox"/> THEO					
						<input type="checkbox"/> DILANTIN					
						<input type="checkbox"/> PHENOBARB					
						<input type="checkbox"/> DIGOXIN					
						<input type="checkbox"/> ACETAMIN					
						TIME/INITIALS:					
						X-RAY / OTHER DIAGNOSTICS					
						<input type="checkbox"/> CHEST					
						<input type="checkbox"/> FLAT & UPRIGHT ABDOMEN					
						<input type="checkbox"/> SKULL					
						<input type="checkbox"/> LUMBAR SPINE					
						<input type="checkbox"/> CERVICAL SPINE					
MONITOR STRIP INTERPRET:											
X-RAY INTERPRET											
EKG INTERPRET											
AB RESULTS	CHEM 6	CK	CKMB	LDH	WBC			ABG	pH	pCO ₂	p
OTHER					URINALYSIS:						
					SG						
					CHEM						
Discharge Instructions:								After discharge care sheet: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Time Out 9:57			
Course of Patient								<input type="checkbox"/> Unremarkable <input type="checkbox"/> Unimproved			
In Emergency Dept:								<input type="checkbox"/> Expired			
Condition On Discharge								<input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Fair			
								<input checked="" type="checkbox"/> Good <input type="checkbox"/> Poor			
Disposition of Case								<input checked="" type="checkbox"/> Admitted Home <input type="checkbox"/> Transferred Other			
REFERRED TO DR	NURSE SIGNATURE	DIAGNOSTIC IMPRESSION									
DISCHARGE CONDITION	DOCTOR SIGNATURE	Lumbar Compression									
PATIENT NO.	MEDICAL RECORD NO.	FINANCIAL TYPE	RELIGION	MODE OF ARRIVAL	REGISTRATION DATE	TIME	REGISTERED	SOCIAL SECURITY NO.			
702701	000104551	COMMERCIAL	OTHER		09/05/0	20:37	WR				
PATIENT NAME	COUNTRY OF RESIDENCE	NOTIFY IN CASE OF EMERGENCY	RELATIONSHIP								
ESTER CHRISTOPHER WAYNE	BOONE	ESTER CHARLES (DAD)	DEPT								
MAILING ADDRESS	HOME PHONE	EMERGENCY CONTACTS ADDRESS	STATE								
PO BOX 1113	804-369-6657		ZIP CODE								
CITY	STATE	ZIP CODE	ADMIT TYPE	EMPLOYMENT	PHONE						
DANVILLE	WV	25053	EMERGENCY	D & M TRUCKING							

500688.015.0138

Arrived By:

Triage Time:

Date:

Allergies:

Family Physician:

Dr. Notified:

BP 142/72	T 98°	P 80	Resp. Norm	Slow	Laborated	Rapid	Apnoea	Stridor	Shallow	Wt. 295												
Chief Complaint: Left foot numb on concrete + hurt (hip & very lg, cramping R knee Thigh & lg. muscle + back																						
Wound Assessment (if applicable) NPEK										Comfort Level: 5												
Onset: 9/4/01 PM			Pain Scale: 1		2		3		4		5		6		7		8		9		10	
Triage Level:			Emergent					Urgent					Non-Urgent									
Disposition			Waiting Room					Exam Room					Time: 8:24									

Triage Nurse Signature _____

ASSESSMENT

Color	Normal	Pale	Dusky	Cyanotic	Moist
Skin	Warm	Dry	Hot	Cool/Cold	Clammy
Breath	Clear	Wheezing	Rales	Rhonchi	
Sounds:	Diminished	Congested	Other:		
Mental Status:	Alert	Oriented	Confused	Unresponsive	Lethargic
Mobility:	Ambulatory	W/C Confined	Stretcher	Crawls	Unsteady Gait
Daily Meds					Assistive Device
Medication	Route/Freq.	Medication	Route/Freq.	Medication	Route/Freq.
Plavix					
Aspirin					
Hydro					
Hydro					

Dates of Last Exams/Injections:

Mamogram	Rectal Exam	Pneumonia	LMP
Pap/Peivic	Tetanus	PPD/Tine	Other:
Grav. Para A	Flu	Up to Date	

Glasgow Coma Scale (GCS)				
Adult			Pediatrics	
Spontaneous	4	Eye Opening	Spontaneous	4
Voice	3		Voice	3
Pain	2		Pain	2
None	1		None	1
Obeys	6	Motor Response	Norm. Spont. Movmt.	6
Localizes Pain	5		Withdraws from touch	5
Withdraws to Pain	4		Withdraws from Pain	4
Flexion	3		Abnormal Flexion	3
Extension	2		Abnormal Extension	2
None	1		None	1
Oriented	5	Verbal Response	Coo's, babbles	5
Confused	4		Irritable/Cries	4
Inappropriate	3		Cries to Pain	3
Incomprehensible	2		Moans to Pain	2
None	1		None	1

Health & Social History P - Personal
F - Family

(Check all that apply)

P	F		P	F	
	<input checked="" type="checkbox"/>	Diabetes		<input checked="" type="checkbox"/>	Heart Attack
	<input checked="" type="checkbox"/>	Artery Disease		<input checked="" type="checkbox"/>	Alcohol
	<input checked="" type="checkbox"/>	Cancer		<input checked="" type="checkbox"/>	Tobacco
	<input checked="" type="checkbox"/>	High Blood Pres.		<input checked="" type="checkbox"/>	Drugs
	<input checked="" type="checkbox"/>	Stroke		<input checked="" type="checkbox"/>	Caffeine
					Other

Surgeries: *Exploratory for cancer*
Maint. 1987

Nurse Signature:

Capitol Neurology
415 Morris Street, Suite 100, Charleston, WV 25301
Phone: (304) 342-3891 Fax: (304) 342-5307

05/22/2003

RE: *Lester, Christopher W*
Patient Number: 0000006180
Date of Birth: [REDACTED]/1971

ASSESSMENT:

*Partial Complex Seizures *345.4*
No Driving Unless Seizure-Free for One Year
Obstructive sleep apnea
CPAP 14 cm H₂O
Please remove call intercept, so we can call you in the future!
No Show for follow-up visit: 05/22/2003

I just wanted to let you know that Christopher Lester did not attend their scheduled appointment. We will work with the patient and your office to reschedule.

A reservation fee (\$10 follow-up visit, \$30 new evaluation) may be required from the patient in the future, before scheduling appointments. This fee would be put towards charges for visits attended, and we hope would promote future attendance while defray costs associated with missed appointments.

If future appointments are not attended, we may be unable to assist in the care of this patient.

Best Regards,



Capitol Neurology Staff


500688.015.0140

CC: Christopher Lester

Dr. Snider

Printed on 05/22/2003 at 01:31 PM

500688.015.0141


I.M.D., INC.
INDEPENDENT MEDICAL DOCTORS, INC.
4984 WASHINGTON STREET WEST
P.O. BOX 7573
CROSS LANES, WV 25356-0573
PHONE: 304-776-4771 FAX: 304-776-4592

DATE OF EVALUATION: 06-10-03
MAILED DATE: 07-15-03

Bureau of Employment Programs
Workers Compensation Division
4700 MacCorkle Ave. SE
P.O. Box 431
Charleston, WV 25322-0431

ATTN: MARY RISK -PTD UNIT

PSYCHIATRIC PTD INDEPENDENT MEDICAL EXAMINATION FOR

PATIENT NAME: Christopher Lester

MAIN CLAIM NO: 2000046841

D.O.I.: 03-10-2000

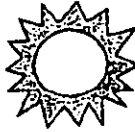
S.S.NO.: [REDACTED] 3340

REPORT COMPLETED BY:

Ramesh C. Shah, MD. Psychiatrist
AND
Crystal Whittington, MA Licensed Psychologist

RECEIVED AUG 12 2003


500688.015.0142



SUNRISE PSYCHIATRIC SERVICES, INC.

313 MARKET ROAD
BECKLEY, WV 25801

PHONE (304) 254-9003

FAX (304) 254-9005

PSYCHIATRIC EVALUATION

Christopher W. Lester

SSN: [REDACTED] 3340

CL: 20-46841

LDW: 3-10-00

Employer: D & M Trucking/Ghent, WV

Job Title: Truck driver

Parental status: Three children

Referral: IMD for WCD

DOE: 06-10-03

DOB: [REDACTED] 71

DOI: 3-10-00

Employment Status: Not working

Marital Status: Married

Ethnic origin: Caucasian

Purpose: PTD Evaluation

IDENTIFYING INFORMATION:

Christopher Lester is a 31 year old, white, married male from Danville, WV.

CHIEF COMPLAINT:

"I have pain in my back, neck and left shoulder and my right leg gives out on me. I have partial incontinence."

MEDICAL HISTORY:

Non-work related: Mr. Lester had a motorcycle accident in 1986. He was hospitalized between 14-16 days with a concussion and fractured clavicle. He had a mild stroke in August of 2002 and seizures afterwards. He has sleep apnea.

Work related:

8-1-94: Anterior compression fracture of T11. Mr. Lester was off work for three years and received 11% PPD.

03-10-00: Mr. Lester fell from the back of a coal truck. He hit his head and was unconscious for 45 minutes or so. He also injured his left shoulder and neck. Cat scans were negative on his head, neck, and left shoulder. He has been diagnosed with lumbar cervical and left shoulder sprains. He has been awarded 20% on an orthopedic basis and 10% on a psychiatric basis.

4-9-01: Mr. Lester began psychiatric treatment with Dr. Riaz. He had counseling with Kevin Adams, a supervised psychologist at Mari Sullivan Walker's office. Mr. Adams

500688.015.0143

RE: Christopher Lester
05-14-03

reported that Mr. Lester had borderline intellectual functioning. Dr. Riaz diagnosed Major Depressive Disorder, single episode, without psychotic features.

9-18-01: Dr. John Justice diagnosed Depressive Disorder, NOS. He rated Mr. Lester at 10% psychiatric PPD and said he was not disabled on a psychiatric basis for work or retraining.

01-8-01: Vass Vocational Rehabilitation closed Mr. Lester's file, as he did not wish to participate.

CURRENT MEDICATIONS:

Dr. Riaz prescribes Effexor XR, 150 mgs. BID and Trazodone, 100 mgs. at HS.

Dr. Reahl prescribes Topomax, 100 mgs., 2 in the am and 2 in the pm, and a C-Pap machine. Seizures are under control.

Dr. Snyder prescribes Lipitor, 20 mgs, Percocet, 5 mgs. TID pm, Vioxx, 25 mgs., 2 a day, and Flexeril, 10 mgs. TID.

HISTORY OF PSYCHOLOGICAL PROBLEMS:

Mr. Lester reported being depressed and anxious since the 3-10-00 injury. He's depressed all the time. He feels useless and helpless. He feels that he is worthless now. He had thoughts of suicide in the past, but no present plans. He said he'd gained 115 pounds since his injury. He has crying spells and sexual performance problems. He reported loss of enjoyment and interest in things and low energy. He has a nervous stomach, diarrhea frequently, he's restless, he worries about everything, and he has irritability and anger control problems. He said he's anxious and depressed. He stated, "Since I got hurt, I can't work or do the things I'd like to do. Sometimes I wonder why I'm even here."

Mr. Lester had previously had some marriage counseling in 1992, but this did not effect his work.

PERSONAL HISTORY:

Substance Abuse History:

Mr. Lester denied the use of alcohol or street drugs. He said he used to chew tobacco, but stopped. He has one cup of coffee a day. He drinks tea when he eats out.

Source of Household Income:

Mr. Lester receives social security disability benefits. His wife works.

Living Arrangements:

Mr. Lester and his wife lives in Danville, WV with their three children.

Daily Activities: